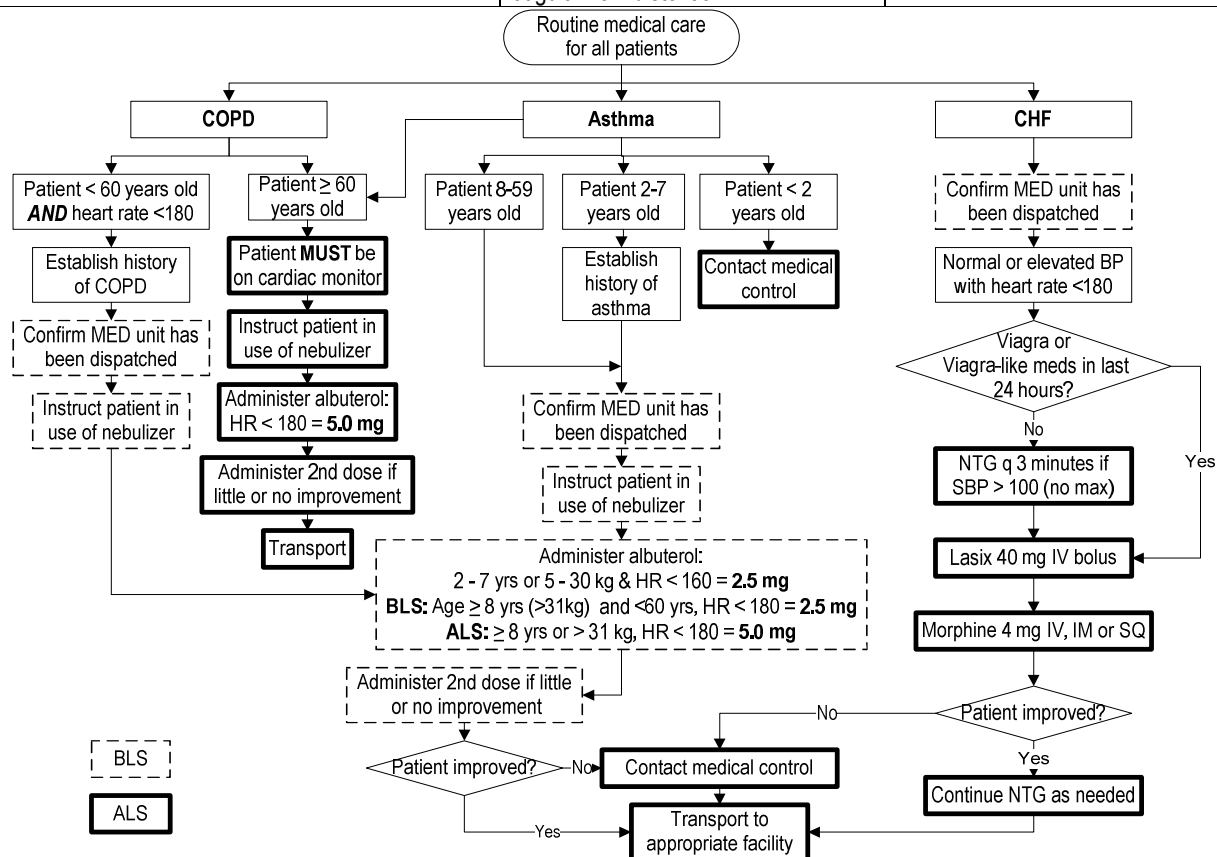


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| Initiated: 5/22/98 |
| Reviewed/revised: 10/12/05 |
| Revision: 13 |

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
RESPIRATORY DISTRESS**

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| Approved by: Ronald Pirrallo, MD, MHSA |
| Signature: |
| Page 1 of 1 |

| History | Signs/Symptoms | Working Assessment |
|--|--|--------------------|
| May have a history of asthma (history required for patients 2 - 7 years old) Exposure to irritant Recent URI | Chest tightness Dyspnea Coughing or wheezing Accessory muscle use | Asthma |
| History of COPD | Chronic cough Dyspnea Pursed lip breathing Prolonged exhalation Barrel chest Clubbing of fingers | COPD |
| May have a history of CHF | Orthopnea Restlessness Wet or wheezing breath sounds Hypertension Tachycardia Jugular vein distention | CHF |



Notes:

- If the systolic blood pressure of a patient in CHF drops below 90, administer a 500 ml fluid bolus and contact medical control.
- A history of CHF is not required before treatment is initiated.
- Patients 60 years and older must be on a cardiac monitor.
- If patient is already taking a daily dose of Lasix, consider calling the base to increase the initial dose of Lasix.
- Establish a history of asthma before treating children between 2 and 7 years old. Wheezing may be caused by cardiomyopathy and antagonized by albuterol.
- If an asthmatic has no improvement after a second albuterol treatment, consider contacting medical control for an **order** for subcutaneous epinephrine.
- A MED unit must transport any patient receiving albuterol in the field.
- Normal room air oxygen saturation (pulse ox) is 94 – 100%.